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FACSIMILE TRANSMISSION COVER SHEET

Date: April 9, 2010

To: United States Patent and Trademark Office  
Examiner: Pizarro Crespo, Marcos D.; Art Unit: 2814

Fax: (571) 273-8300

Re: **Application Serial No.: 10/823,298**  
Filing Date: 4/12/2004; First-Named Inventor: Ren  
Attorney Docket No.: 0400198

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated October 15, 2009.

Payment for Third Month Extension Fee in the Amount of \$1,110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0400198

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Liping RenSERIAL NO.: 10/823,298 FILED: 04/12/2004FOR: Field Plate Structure for High Voltage DevicesHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$1,110.00
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 1,110.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 52	x 26	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

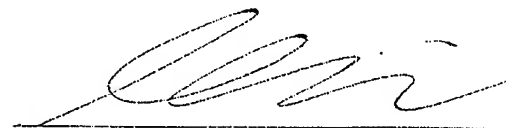
\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0400198

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 1,110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

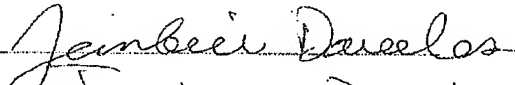
Date: 4/9/10By:   
Michael Farjami, Reg. No. 38.135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

4/9/10

Signature

  
Jambier Davelos

Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

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